

OPINION NO. 77-085

Syllabus:

An emergency medical technician-ambulance, as defined in R.C. 4731.82 (A), is not permitted to administer intravenous fluids as a treatment for shock, even though such technician has completed a course of study in the administration of intravenous fluids approved by an emergency medical services board.

To: Otho Eyster, Knox County Pros. Atty., Mount Vernon, Ohio
By: William J. Brown, Attorney General, December 9, 1977

I have before me your request for my opinion as to whether it is permissible for an emergency medical technician-ambulance, as defined in R.C. 4731.82(A), to administer intravenous fluids as a treatment for shock, after completion of a course of study in the administration of intravenous fluids approved by an emergency medical services board.

An emergency medical technician-ambulance, or EMT-A, is defined in R.C. 4731.82(A) as follows:

"Emergency medical technician-ambulance" or "EMT-A" means a trained or qualified person certified under division (A) of section 4731.86 or 4731.87 of the Revised Code who is responsible for the operation of an ambulance and care of patients, and who in an emergency determines the nature and extent of illness or injury and establishes priority for required emergency care; renders emergency care, such as opening and maintaining an airway, giving positive pressure ventilation, cardiac resuscitation, controlling of hemorrhage, treatment of shock, immobilization of fractures, bandaging . . . (Emphasis added).

The standards for accreditation of a program for certification of emergency medical technicians-ambulance are set forth in R.C. 4731.84(B) and include instruction and training in emergency victim care, reading and interpreting a trauma victim's vital signs, in-hospital training and clinical experience.

An emergency medical technician-paramedic is defined in R.C. 4731.82(B) as follows:

"Emergency medical technician-paramedic" or "paramedic" means a person specially trained beyond the emergency medical technician-ambulance level, who is certified under division (B) of section 4731.86 or 4731.87 of the Revised Code who, in addition to performing those functions described in division (A) of this section, renders rescue and emergency medical services and, in conjunction with a cooperating licensed medical doctor, doctor of osteopathic medicine and surgery, or a physician advisory board, may perform the following life support or intensive care techniques:

- (1) Cardiac monitoring;
- (2) Defibrillation;
- (3) Airway or gastric intubation;
- (4) Relief of pneumothorax;
- (5) Administration of appropriate drugs and intravenous fluids. (Emphasis added).

The standards for accreditation of a program for certification of emergency medical technicians-paramedics are set forth in R.C. 4731.84(C) and include, in addition to the requirements set forth in R.C. 4731.84(B) for EMT-A's, instruction and training in medical terminology, venipuncture procedures, intubation procedures, patient assessment and triage, and acute cardiac care.

These statutes clearly draw a distinction between the training and qualifications of a certified EMT-A and those of a certified paramedic. The statutes also distinguish between the types of emergency medical care each class of technicians is permitted to render. While an EMT-A is authorized to treat shock, an EMT-A is not expressly authorized to administer intravenous fluids. A certified paramedic is expressly authorized to administer intravenous fluids, provided that he is acting in conjunction with a licensed doctor.

The fact that a paramedic is expressly authorized to administer intravenous fluids implies that an EMT-A does not have such authority. The paramedic's authority to perform intensive care techniques is expressly stated to be in addition to those functions described in R.C. 4731.82(A). If the authority granted in R.C. 4731.82(A) to treat shock included by implication the authority to administer intravenous fluids, it would be unnecessary to expressly grant additional authority in R.C. 4731.82(B). R.C. 1.51 provides that if a general provision conflicts with a special provision, they shall be construed, if possible, so that effect is given to both. Such a construction is possible with respect to these statutes since the administration of intravenous fluids is but one of several procedures for the treatment of shock. Additional measures for the treatment of shock include keeping the patient quiet, compression dressings for control of bleeding, splinting of fractures, along with maintenance of the body temperature and of a clear airway with adequate oxygenation. A.R. Gray, M.D., Attorneys' Textbook of Medicine, 10.16 (3) (3rd Ed. 1977).

The fact that an EMT-A has completed an additional course of study, approved by an emergency medical services board, in the administration of intravenous fluids does not alter his status under the requirements of R.C. 4731.82. Pursuant to R.C. 4731.82 (E), the board of regents is the accrediting body for all paramedic programs and the state board of education is the accrediting body for all emergency medical technicians-ambulance programs. Approval of a course of study by a local emergency medical services board is not sufficient for the purpose of program certification. Moreover, R.C. 4731.82 does not recognize an intermediate level of certification for individuals who may have education or training beyond that required for an EMT-A but who do not fully meet the requirements for a paramedic. The statute is not capable of subjective application in order to accommodate the unique educational background of a particular technician. To the contrary, it would appear that the minimum instruction and training requirements set forth in R.C. 4731.84 (C) must be fully met before a technician is authorized to administer intravenous fluids pursuant to R.C. 4731.82 (B).

R.C. 4731.89, which authorizes the rendering of medical services in an emergency situation, provides as follows:

- (A) The services listed in division (B) of section 4731.82 of the Revised Code may be performed by a paramedic pursuant to written or verbal authorization, authorization transmitted through a direct communication device by a licensed medical doctor or doctor of osteopathic medicine and surgery or a registered nurse designated by a physician.
- (B) If communications fail during an emergency situation, or the required response time prohibits communication, the paramedic may perform any of the above if, in his judgment, the life of the patient is in immediate danger.

Knowledge of venipuncture procedures would not necessarily qualify an EMT-A to perform under the circumstances described in R.C. 4731.89. The described procedure depends upon communication between the attending technician and an absent doctor or nurse. It thus presupposes that the technician has the training and ability to accurately assess the victim's condition and convey the information to the doctor or nurse. It also presupposes that the technician has sufficient knowledge of medical terminology to enable him to carry out the verbal or written instructions of the doctor or nurse. The fact that a paramedic may, pursuant to R.C. 4731.89(B), exercise his own judgment if communications fail during an emergency situation also supports the conclusion that an emergency medical technician must fully satisfy the requirements of R.C. 4731.84(C) before he is authorized to perform the services set forth in R.C. 4731.82(B).

Thus, it is my opinion and you are so advised that an emergency medical technician-ambulance, as defined in R.C. 4731.82(A), is not permitted to administer intravenous fluids as a treatment for shock, even though such technician has completed a course of study in the administration of intravenous fluids approved by an emergency medical services board.